



Rocky Mountain Show Jumping Halloween Classic

October 25 - 26, 2008

Calgary, Alberta

Mail To: RMSJ Halloween Classic
 Suite 231
 132-250 Shawville Blvd S.E.
 Calgary, AB. T2Y 2Z7
 or online at www.rmshowjumping.com
 Entries Close: Oct 17th, 2008

Please Type or print with ball point pen!

Rider of Horse	Telephone #	Email
Address	City	Postal Code

Name of Horse _____

Division / Class Numbers						
Division / Class Entry Fee						

Trainer	Stable Name
Trainer Address	Email
	Telephone #

Credit Card #: _____ **ex. date:** _____

Name on card: _____

Authorization Signature: _____

This Document will affect your legal rights and liabilities, Please Read Carefully
 Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones nor the owners, management, tournament committee, nor any of its staff or agents shall in any way be liable for any accident, injury, damage, loss or for any other matter that may happen to exhibitors, competitors, owners, or members of their families, or their agents or to anyone on the grounds, or for any other loss, claim, matter, circumstances or event whatever, in connection with or arising out of, or attributable to, the tournament or any journey to or from the tournament. It is understood that under no circumstances shall Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones nor the owners, management, tournament committee, nor any of its staff or agents be liable for any loss, damages, claims or costs as a result of Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones, nor the owners, management, tournament committee, nor any of its staff or agents, negligence, and that you agree to indemnify and save harmless Rocky Mountain Show Jumping, Anderson Ranch, Caroline Jones nor the owners, management, tournament committee, nor any of its staff or agents from and against any and all liability arising out of any such loss, damages, claims or costs.

Signature of Rider _____

Date _____ if rider is under eighteen years, the parent / guardian must also sign below)

I acknowledge as Parent / Guardian of _____ that I have read and fully understood and agree to the terms and conditions stated herein on behalf of _____ and myself.

Parent / Guardian _____

Date _____

Entry will not be accepted without Parent or LEGAL Guardian Signature.
 (Trainer Signature not valid)

TOTAL ENTRY FEES	
POST ENTRY FEE \$30 After Closing	
Admin/Office/Paramedic Fee \$30 per Entry	30.00
STABILING Day Stall \$50	
Sub Total	
G.S.T. 6%	
TOTAL FEES	

Make Cheques payable to: RMSJ

Payment MUST be received with entry in order for entry to be accepted.

For Further Information Contact : RMSJ (403) 256-5056 FAX: (403)201-7863